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Introduction

Family planning clinics attached to the teaching hospitals are the first evidence of an intensive effort to introduce family planning services in a college-hospital. Introduction of such a service has an indirect impact on the teaching of family planning to undergraduate medical students and student nurses. A reference to this effect has already been made in the other study related to Managing Teaching of Family Planning in Medical Colleges. This particular report is, therefore, devoted to a review of the activities of family planning clinics attached to a number of medical college-hospitals in India.

The work has been undertaken to identify factors in the management of the clinic which may have a bearing on ^{the} increase in the efficiency of the services provided. Though there is a shift in the National Family Planning Programme from a clinic-oriented to a community centred approach, yet, this in no way lessens the importance of the family planning clinics in a national programme. On the other hand it serves to give more importance to the management of these clinics, because in future they are likely to be more pressed for provision of services to the needy population visiting the hospital, and at the same time contribute towards the training of all categories of medical and para-medical workers that are to be trained for promotion of family planning.

The work on collection of the data for the report was started with assistance from the staff of the Family Planning Research Project which has completed a five-year study on Methods of Raising Effectiveness of Family Planning Through Hospital Care. This study highlighted the contribution which can be made by an efficiently running family planning clinic operating within a teaching hospital.

The support by the Indian Institute of Public Administration to finalise this report has provided an opportunity to focus attention on factors in the management of the clinic which, if combined with the existing resources, may be expected to contribute significantly towards the improvement of the quality and quantity of family planning services.

Acknowledgements

The main responsibility for processing the data has been shared by my colleague, Dr. Anjali Saha. Miss J.U. Chand, research investigator processed the data and secretarial assistance was provided by Miss H.K. Randhawa and Mr. J.R. Saini. Our thanks are due to the Commissioner, Family Planning and the Director of Central Family Planning Institute for rendering assistance in circulating the schedules to obtain the data from medical colleges. We are thankful to the Deans, Principals and Medical Superintendents of the Medical College-Hospitals, who inspite of their heavy

schedule of work, have replied to the questionnaires very promptly. Our thanks are particularly due to the Director, Indian Institute of Public Administration for giving the encouragement and assistance to complete this work and to Dr. (Miss) M. Chaudhuri, Principal, Lady Hardinge Medical College, who has always provided encouragement and the facilities for undertaking work on this vital problem.

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Working of Family Planning Clinics in Medical College-Hospitals

The establishment of a family planning clinic in a medical college hospital presents certain important aspects which influence the pattern of hospital services to an extent that has not been achieved before. According to the information received there is no uniform pattern for placement of the family planning clinic; it may be attached to any department like Social and Preventive Medicine, Obstetrics and Gynaecology, or Medicine. Yet it is not a speciality of the department to which it is attached. On the other hand it is a service unit meant to serve all clinical departments like a laboratory, e.g. radiology and microbiology, etc.

This assumption is based on the premise that all patients in the ligible age group, irrespective of the disease condition, need family planning advice. Secondly, the family planning clinic, as it starts functioning, brings the hospital much nearer to the community and increases the scope of the hospital services from diagnostic and therapeutic health care to promotional health care. This fact requires understanding and incorporation in the overall pattern of services provided through the hospital.

Lastly, though not the least, every activity within a college has a bearing on the training of the medical student and therefore must be utilized to the maximum advantage. If this is not achieved then, to that extent, it is a loss of the effort which has not been harnessed to the best advantage for the training of medical students.

In the light of the experience gained from the work of the Action-Oriented Research Project it was felt that a review of the working of the family planning clinics will be helpful in obtaining data on the existing pattern of work in the clinics attached to the medical college hospitals. The present study has been undertaken with the following objectives:-

- I. To identify the current picture regarding the working of the family planning clinics attached to the medical college hospital.
2. To identify the factors that influence the working of an family planning clinic.
3. To formulate recommendations for increasing the efficiency of the family planning clinics.

Methodology

Completely structured questionnaires were pretested in the medical college hospitals in the Union Territory of Delhi. The finalized questionnaires were than circulated to the medical colleges all over India through the office of the Commissioner, Family Planning.

100 such questionnaires were sent out. 23 colleges responded, out of which one medical college could not furnish any information as the family planning clinic has yet to start functioning.

The present study is based on the information received from 22 medical colleges. A list of the responding medical colleges is given in the appendix i.

Findings

Distribution of Medical Colleges According to Regions

TABLE I

Distribution of Medical Colleges
According to Regions.

Regions	Medical Colleges
<u>South</u>	
(Andhra, Madras, Kerala, Mysore)	12
<u>South</u>	
(Maharashtra, Gujarat, Goa).	7
<u>Central</u>	
Madhya Pradesh	1
<u>North</u>	
(Uttar Pradesh, Punjab)	2
Total:	22

For the purpose of this study the whole of India has been divided into four regions viz. Southern region comprising of Andhra Pradesh, Mysore, Madras and Kerala, Maharashtra, Gujarat and Goa; Central region comprising of Madhya Pradesh; and Northern region comprising of Uttar Pradesh, Punjab and Eastern region of Assam, West Bengal, Bihar, Orrissa. Out of the 22 medical colleges that replied to the questionnaire, 20 were from the Southern region, only 1 and 2 from the Central and Northern regions respectively. The maximum number of replies were therefore received from the South.

Duration of the Existence and Location of the Clinic

TABLE II

Duration of the Existence
and Location of the Clinic

Duration	No. of clinics
Less than two years	4
2 - 5	4
5 +	14
Total:	22

14 of the 22 clinics have been functioning for more than 5 years, 4 for a period of 2 to 5 years and another 4 less than 2 years. Majority of the clinics, therefore, have had ample time to get over their teething troubles and have established training and service facilities.

Out of the 22 clinics one is situated outside the college premises. The information in the following tables is therefore from 21 clinics as no information was received from the clinic located outside.

Administrative Authority

TABLE III

Administrative Authority

Department responsible	No. of clinics
Public Health and Family Planning	3
Directorate of Health Services	4
Obstetrics and Gynaecology	9
Social and Preventive Medicine	4
Medical Department	1
No answer	1
Total:	22

Out of the 22 respondents one medical college did not answer this question. The department of Obstetrics and Gynaecology is the administrating authority for 9 clinics, the Directorate of Health Services and the local health authorities for 7 clinics, 4 clinics are under the department of Social and Preventive Medicine and one clinic is attached to department of Medicine.

Agencies from which Grants are Received

TABLE IV

Agencies from which Grants
are Received

Grants from	No. of clinics
State Government	12
Central Government	3
Central and State Governments	3
Central, State and Population Council	1
No answer	3
Total:	22

12 out of the 22 medical colleges receive grants from the State Government to run the clinic, 3 from the Central Government, whereas 3 others both from the State and Central Governments. In the case of 1 medical college, besides the Central and State Governments, the population council also gives a grant for functioning of the clinic. 3 colleges failed to supply this information.

Working hours of the Clinics per day

TABLE V

Working hours of the
Clinics per day

Working hours	Clinics
1 - 2 hours	1
3 - 4 "	3
5 - 6 "	11
7 - 8 "	7
Total:	22

18 out of the 22 clinics function for more than 5 hours per day. Of these seven clinics have 7 to 8 hours per day work schedule and 3 clinics work for 3 to 4 hours; only one clinic is working for one hour a day.

Staffing Pattern as Sanctioned

TABLE VI

Staff Pattern as Sanctioned

Staff	^π Recommended staff	Full time	Part time	Deficit
Lady Medical Officer	I	15	3	-4
Male Medical Officer	I	6	2	-14
Health Educator	3	9	-	-13
Lady Social Worker	I	20	-	-2
Male Social Worker	I	I	-	-12
Lady Health Visitor	I	10	-	-12
Family Planning Field Worker	2	-	-	-22
Clerk	-	10	I	-11
Ayah or Peon	2	11	I	-10
Sweeper	I	5	I	-16
Others	-	8	I	-13
Nurse	I	-	-	-22
Projectionist	I	-	-	-22

^πRecommended by the Ministry of Health and Family Planning.

The staffing pattern of the various clinics has been compared with the staff recommended by the Ministry of Health and Family Planning.

Out of the 22 clinics 18 have Lady Medical Officers, either full time or part time. Male medical officers are available only in 8 clinics. 4 clinics are functioning without any medical officer, either male or female part time or full time. Only 9 clinics have the services of a health educator, 20 clinics have lady social workers and 11 have lady health visitors.

From the picture presented it can be seen that a number of the clinics are functioning without the supervision of medical personnel. When compared with the staff recommended by the Ministry of Health and Family Planning there appears to be a shortage in the total strength of the employees in a clinic as also in some of the important aspects of service, viz. health education

Status of the Clinic Incharge

TABLE VII

Status of the Clinic Incharge •
(Out of 21 questionnaires)

	<u>Total</u>	<u>Yes</u>	<u>No</u>	<u>No answer</u>
a. Medical Officers recruited on the teaching staff of the college	21	6	15	-
b. Pay scale equivalent to the pay scales of teaching staff.	21	4	14	3
c. Medical officers expected to participate in the teaching of undergraduates	21	14	7	-
d. Medical officers assist in vasectomy & salpinx operations.	21	9	11	1

Not Applicable for one Clinic.

Although all 21 clinics are situated within the premises of the medical colleges and 14 of the medical officer's incharge are expected to participate in teaching, yet only in 6 clinics is the medical officer incharge on the strength of the teaching staff of the college. In other 15 colleges this is not so. Only in 4 clinics the pay scale of the medical officer is at par with the teaching staff. This discrepancy is bound to lead to dissatisfaction and so to lack of initiative on the part of the medical officer. This in turn will have an adverse effect on teaching of family planning to the undergraduate medical students.

Even the functioning of the medical officer's is not uniform. Only in 9 clinics do the medical officer's participate in surgical procedures for conception control i.e. vasectomy and tubal ligation.

Physical Layout and Facilities

TABLE VIII. A & B

A. Physical Layout and Facilities for Family
Planning Clinics(21 clinics within the hospital).

Place	No. of clinics
Near Central OPD	4
Near Gynaecology and Obstetrics OPD	16
In the indoor	1
Total:	21

B. Space

	Yes.	No.
Giving advice and consultation to the clients	18	3
Internal examination and insertion of IUCD	18	3
Holding students demonstration and discussions	16	5

(Out of 21 questionnaires).

Location

Table VIII shows the location of the clinic within the medical college and hospital. 16 out of 21 clinics are situated adjoining the Gynaecology and Obstetrics out patients department, 4 clinics adjoining the central OPD and one clinic is located near the indoor wards of the hospital.

Correlating this fact with the departments responsible for running the clinic (Table III) it will be seen that the department of Gynaecology and Obstetrics is responsible for functioning of a majority of the clinics and that may be the reason for this distribution. The location of the clinics near the Gynaecology OPD has an added advantage in its ^{being} within easy approach of the female patients.

As mentioned earlier, only one clinic is situated outside the college hospital. This however is within walking distance from the hospital, being at a distance of about the kilometer.

Space Occupied

18 out of the 21 clinics have facilities for seating the clients while waiting for consultation. 12 clinics are housed in one room as compared to 8 clinics which have two rooms allocated for the clinic. Only in one clinic more than two rooms are available. As these clinics are utilized for training of undergraduates also, it would be more convenient to have more than one room for the clinic. This will then not interfere with the day to day working of the clinic.

Regarding the number of clients who can be advised at a time, only 4 clinics feel that they have facilities for advising more than 3 clients at a time, whereas 4 feel that only one client at a time is all that they can comfortably handle. Majority of the clinics, however, can accomodate two clients for consultation. 3 clinics did not provide information.

Table VIII B gives the adequacy or otherwise of the space in relation to the service and training requirements. 18 out of 21 clinics find the available space adequate for consultation, internal examination and insertion of IUCD. 16 feel that the space provided is adequate to hold demonstrations and discussions with the students.

TABLE IX

Number of Students that can be Demonstrated
to in the clinic at a time(Out of 21 questionnaires)

Students	No. of clinics
0 - 5	4
6 - 10	7
11 - 15	1
15 +	3
No answer	6
Total:	21

Table No. IX shows the opinions regarding the optimum number of students that can be accommodated at a time for the purpose of demonstration. Majority feel that 6-10 students is the number that can be accommodated effectively. 4 clinics feel that they cannot do justice to more than 5 students per session. Only 4 clinics think that more than 10 students can be accommodated at a time and 3 out of these clinics can take more than 15 students per demonstration. 6 clinics did not respond to this question.

Number of Patients Treated in the Clinic or in the Hospital

TABLE X

Average Number of Patients Treated in a Family Planning Clinic or in a Hospital in Certain Years (1963-1966)

		1963	1964	1965	1966
Family Planning	Respondents	11	12	12	12
Clinic	Average	677	743	968	1074
(New Cases)	Range	1992-268	2323-66	3169-196	3262-283
Family Planning	Respondents	11	12	12	12
Clinic	Average	707	1057	1291	1679
(Old Cases)	Range	2291-19	3317-10	4576-144	6023-196
Hospital	Respondents	6	6	6	5
OPD	Average	149918	145834	161006	188963
(New cases)	Range	640210-10433	617945-16963	717590-14895	712845-10448
Hospital	Respondents	6	6	6	5
(Indoor Cases)	Average	19063	17007	17667	18861
	Range	19394-4950	27540-3798	31295-3241	31161-3318

Table No. X provides detailed information on the average number of patients treated in the clinic or in the hospital for 1963-1966. There has been a gradual increase during these years.

Types of Services Rendered

TABLE XI

Types of Services Rendered

N = 22

Services	No. of clinics
Premarital counselling	7
Marriage guidance	7
Fitting of diaphragm/IUCD	19
Educational services	19
Sex education	7
Referral service	16
Supply of contraceptives	20
Treatment of sterility	1
Vasectomy	3

(Multiple responses)

Supply of contraceptives other than fitting the diaphragm and IUCD is the main function as indicated by 20 clinics. 19 clinics rate fitting of diaphragm or IUCD and educational services provided, next in order of frequency. Referral service is carried out by 16 clinics. Premarital counselling and marriage guidance forms a part of the service in 7 clinics only. Sex education is also carried out by 7 clinics. Facilities for vasectomy are available in 3 clinics. Only one clinic offers services for advice and treatment of sterility.

Person Introducing the Subject of Family Planning for the First Time

TABLE XII

Person Introducing the Subject of Family
Planning for the First time

Staff	Clinic
Doctor incharge of beds	II
House-surgeons	8
Ward sister	9
Social worker	15
Public Health Nurse of Family Planning Clinic.	5
Students incharge of the patients	2

(Multiple responses)

The category of staff who introduces the subject of family planning for the first time to the indoor patients in majority of cases, as indicated by 15 clinics, is the social worker. In 11 clinics the doctor-in-charge of the wards takes on this responsibility. The next in order of frequency come the ward sister and house-surgeons. In 2 clinics the students in charge of the patients are encouraged to talk to them about family planning. This table emphasizes the need for training and orienting the medical under graduates in family planning. The vital role played by social workers in family planning work is very clear.

Besides medical personnel, other auxillary and ancilliary workers can and do assist in motivating the patients toward family planning and as such this aspect should not be overlooked.

Follow-up Services

In majority of the clinics there are facilities for follow-up services. In 6 clinics, however, no follow-up of cases is carried out.

In 14 out of the 16 clinics which have follow-up services, the cases referred from OPD are followed to the family planning clinic. 10 clinics follow their cases from the family planning clinic to specialized clinics. 13 clinics follow-up the discharged cases from the ward to the family planning clinic.

11 out of 22 clinics include motivation of new clients in their follow-up programme. 3 clinics did not provide information regarding this service.

Training Facilities

11 out of 22 colleges do not post their medical students as a routine in the family planning clinic. 9 colleges, however, do carry out routine posting of the medical students in the clinic. 2 colleges did not answer this question.

TABLE XIII

Number of Students Posted in the Clinic

No. of students posted	Clinics
Less than 15	2
15 +	5
No answer	2
Total:	9

Table No. XIII shows the number of students posted in the clinic. Out of the 9 clinics which have students posted in the clinic 5 post more than 15 students at a time while 2 have less than 15 students. The information was not available for 2 clinics.

Majority of the colleges post final year students to the clinic, in 2 colleges it is the 4th year students and in 1 college the 3rd year students. Only in one college the students are required to be posted in the family planning clinic from the 3rd year to the final year. The duration of the posting is more than 2 weeks in 5 colleges and less than 2 weeks in the remaining 4.

Table No. X provides detailed information on the average number of patients treated in the clinic or in the hospital for 1963-1966. There has been a gradual increase during these years.

Types of Services Rendered

TABLE XI

Types of Services Rendered

N = 22

Services	No. of clinics
Premarital counselling	7
Marriage guidance	7
Fitting of diaphragm/IUCD	19
Educational services	19
Sex education	7
Referral service	16
Supply of contraceptives	20
Treatment of sterility	1
Vasectomy	3

(Multiple responses)

Supply of contraceptives other than fitting the diaphragm and IUCD is the main function as indicated by 20 clinics. 19 clinics rate fitting of diaphragm or IUCD and educational services provided, next in order of frequency. Referral service is carried out by 16 clinics. Premarital counselling and marriage guidance

Reference Library on Family Planning

TABLE XIV

Reference Library on Family Planning

Yes	14 colleges
No	7 "
No answer	1 "

N (22 questionnaires).

14 out of the 22 colleges have a reference library available while 7 colleges do not provide this facility 1 college did not provide this information.

Inspite of the presence of a reference library 12 colleges do not feel that it is adequate to meet the need of the staff. As a corollary it was expressed that 12 colleges were interested and keen to add to the library facilities.

TABLE XV

Type of Material

Films	-	4
Charts	-	4
Models	-	2
Pemphelets	-	2

Table No. XV shows the preference for type of material to be added to the library. Films and charts are in greater demand as stated by 4 colleges; 2 colleges each prefer models and pamphelets.

Recommendation

The following are the main recommendations emerging out of the findings from the present study. Most of them are administrative in character and can be implemented without incurring extra expenditure.

Finding

Most of the family planning clinics are run by the departments of obstetrics and gynaecology. The departments of social and preventive medicine comes next in coordinating services of the family planning clinic.

Recommendation

The overall planning of the services may be guided by the pattern that has emerged for providing family planning services through hospital. The departments of obstetrics and gynaecology and social and preventive medicine may be designated as coordinators of family planning services in college hospital through institutional care and domicillary services respectively.

Finding

Wide variation is noticed in the duration of working hours for the clinic which range between 2 hours to 8 hours.

Recommendation

There is a need to bring about a uniformity in the pattern of hours of work in family planning clinics which may conform to the working hours for the rest of the clinics in a hospital. Total time for which a clinic will remain open should be decided on the existing demand for services, future scope of extension of service and training requirements of nursing and medical students.

Finding

The staffing pattern in the family planning clinic in most of the medical colleges is different to that commonly provided for a clinical department.

The medical officers of family planning clinic do not carry a teaching designation in most of the clinics.

Recommendation

The staffing pattern of a family planning clinic must conform to the pattern in vogue for providing services through any other clinic run by a department in a medical college.

The government of India, Ministry of Health and Family Planning has recently reviewed the overall requirements of a medical college for strengthening family planning services and teaching programme. The staff employed for the work in this respect should be given the dual responsibility of organising the service programme and participate in the teaching programme (for the undergraduates both in the institution and in practice field areas).

Finding

The space at present allocated for the family planning clinic is large enough in most of the cases for registration, consultation and examination of the clients. But it is inadequate for holding teaching demonstration for medical students in most of the clinics.

Recommendation

The allocation of space for the family planning clinic must meet the increased demand for service and training.

The provision of a separate room for student demonstration and discussion is much desired. This will afford privacy to the clients as well as be conducive to better teaching & learning experience.

Finding

All categories of staff, both medical and para-medical, play an important role in introducing the subject of family planning to the patients. The students can also share this responsibility during their clinical postings.

Recommendation

The staff employed in a family planning clinic needs to be given on the job training to identify the various service opportunities for informing and motivating eligible patients attending a hospital.

As a long term goal, orientation programmes need to be established as a routine for sustaining the service_givers' interest in providing family planning services.

Finding

Majority of the medical colleges post their students in the family planning clinics in the final year. Only one medical college requires their students to be posted from third year to final year.

Recommendation

The posting may preferably start in the third year and continue till final year.

The posting in final year may help the student to develop confidence in giving advice on family planning, provided opportunities are available to give such advice to all eligible patients, irrespective of the specialities which they attend.

Finding

Though the majority of the clinics do make provision for follow-up services, there are a number of clinics functioning without such service

Recommendation

Follow-up service is an integral part of the family planning programme. Initial motivation of the client need to be sustained through follow-up, which may be carried out as a matter of routine.

Finding

Adequate provision for a reference library does not exist in most of the medical colleges under study.

Recommendation

In order to enable the staff to keep up with the recent trends in family planning, a well equipped library is essential. Current literature on family planning may be obtained from national and state organisations, voluntary agencies and international organizations .

The Central Ministry of Health and Family Planning may consider to circulate a list of the publications on family planning (available free and on payment) from various agencies in India and abroad.

LIST OF MEDICAL COLLEGES
Under-Study

- I. Bangalore Medical College, Bangalore.
2. B.J. Medical College, Gujarat.
3. Chingaleput Medical College, Madras .
4. Grant Medical College, Maharashtra.
5. Goa Medical College, Goa.
6. Guntur Medical College, Andhra.
7. Jaballpur Medical College, Jaballpur.
8. Kakatiya Medical College, Andhra.
9. Kurnool Medical College, Andhra.
10. Maternity Hospital, Tirupati .
11. Medical College, Trivendrum, Kerala.
12. Medical College, Nagpur.
13. Medical College, Aligarh, Uttar Pradesh.
14. Mysore Medical College, Mysore.
15. Moti Lal Nehru Memorial Trust Medical College, Allahabad.
16. Medical College, Patiala, Punjab.
17. Medical College Kottayam, Kerala.
18. S.U. Medical College, Tirupati. .
19. Smt. N.H.L. Municipal Medical College, Ahmedabad.
20. Shri M.P. Shah Medical College, Jamnagar.
21. Stanly Medical College, Madras.
22. S.A.T. Medical College, Trivendrum, Kerala.
23. Topiwala National Medical College, Bombay.

Please return the proforma to the address given below by
1967.

Dr. D. Anand
Professor
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Lady Hardinge Medical College
New Delhi

Working of Family Planning Clinic
in College Hospital

I. Identification data

- a) State.....
- b) Name of the medical college.....
- c) The year clinic Started functioning.....
- d) Administrative authority.....
- e) Department responsible.....
- f) Grants received from:

- i) State government Rs.....
- ii) Central government Rs.....
- iii) College Rs.....
- iv) Other Source (specify) Rs.....

2. Working of the clinic

Hours/day.....
No. of days/
Week.....

3. Staff pattern

	Sanctioned	
	Part time	Whole time
Lady medical officer/
Male medical officer
Health educator
Public Health educator
Lady social worker
Lady health visitor
Clerk
Ayah
Sweeper

4. The following questions relate to medical officers responsible for the family planning clinic (Please check)

- a) Are the medical officers recruited on the teaching staff of the college.
Yes..... No.....
- b) Are the medical officers expected to participate in the teaching of undergraduates?
No..... Yes.....
- c) Are their pay scales equivalent to the pay scale of a member on teaching staff?
Yes.....No.....
- d) Do the medical officers assist in vasectomy/salpingectomy operations?
Yes..... No.....

5. Physical layout and facilities

(Please check (✓) about the physical layout of family planning clinic)

A) Location

Within college hospital .

Near the central OPD Near gynae. and obstt. OPD In the indoor.....

Within walking	About a	More than a	Any other...
distance from		K.M. away		K.M. away	place
OPD		from C.O.P.D.		from C.O.P.D.	(specify)

a) For waiting clients: Yes..... No.....

b) For clinic: One room..... Two rooms.... More than two
rooms.....

c) How many patients can be advised at a time:
not more than one..... two..... three or more.....

d) Is the space adequate for,

i) giving advice and consultation to the clients? Yes... No...

ii) internal examination and insertion of IUCD? Yes.....No.....

iii) holding students demonstrations and discussions? Yes...No....

iv) If yes, how many students can be demonstrated at a time.....

-Premarital counselling
-marriage guidance
-fitting of diaphragm/IUCD
-educational services for creating awareness and the need for family planning advice
-sex education
-referral service
-supply of contraceptives
-any other (specify)

7. a) What is the work load of family planning clinic and hospital?
(medical, surgical, gynae and obstt. only)

Family planning clinic		Hospital (Medical, surgical, gynae. & Obstt.)		
Year	New cases	Old cases	OPD. new cases only	Indoor admissions
1963
1964
1965
1966

8. Who introduces the subject of family planning for indoor patients in the hospital for the first time (please check)

- doctor incharge of beds
- house-surgeon
- ward sister
- social worker of family planning clinic
- public health nurse of family planning clinic
- student incharge of the patient
- any other (specify)

9. a) Is there a pattern of follow-up service within the hospital?

- b) If yes please indicate if it covers:

- i) follow-up of cases from OPD to family planning clinic?

Yes... No.....

- ii) follow-up of discharged cases from wards to family planning clinic?

Yes... No...

- iii) follow-up of cases from family planning clinic to specialized clinic?

Yes... No...

c) Are all the new clients covered in follow-up programme?

i) If yes, why is follow up of all the cases considered essential?

ii) If not, Please indicate the type of cases follow-up in the community?

IO. Training facilities

Are the medical students posted in family planning clinic in their routine postings?

Yes.....No.....

If yes:

i) how many students are posted at a time.....

ii) in which year.....

iii) for what period.....

II. Please fill in the type of teaching activities carried out in the family planning clinic under the three heads (A.B.C.) giving the Designation of the staff responsible.

A. Theory

Teaching staff

I.

I.

2.

2.

3.

3.

4.

4.

B. Clinical Demonstration

Teaching staff

I.

I.

2.

2.

3.

3.

4.

4.

C. Service Participation

Teaching Staff

- I. _____
2. _____
3. _____
4. _____

I2. What is taught to the nursing students/by whom?

A. Theory

Teaching Staff

- I.
2.
3.
4.

- I.
2.
3.
4.

B. Clinical Demonstration

Teaching Staff

- I.
2.
3.
4.

- I.
2.
3.
4.

I2. a) Do you have a reference library on family planning?

Yes.....No.....

b) if yes: do you find it adequate/^{time}to meet the needs of the staff?

Yes....No...)

I3. a) If not, are you interested in adding to your library
reference material on family planning? Yes..... No.....

b) If yes, please indicate the type of material you will like
to have

Please enclose a set of records maintained by the staff of family
planning clinic. Are the students, interns expected to fill in
the records.

Date

Signature _____

